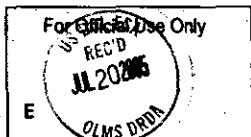


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>3741</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>JOHN BRENTON III</u> P.O. Box, Bldg., Room No., if any <u>SUITE 525</u> Street <u>2100 TULARE ST.</u> City <u>FRESNO</u> State <u>CA</u> ZIP Code +4 <u>93721</u>	4. Name, file number, and address of labor organization. Name <u>INDUSTRIAL TECH. & PROF. EMP. UNION</u> Labor Organization File Number <u>530913</u> P.O. Box, Building and Room Number, if any <u>260</u> Street <u>2222 BULL ST</u> City <u>SAVANNAH</u> State <u>GEORGIA</u> ZIP Code +4 <u>31401</u>
5. Position in labor organization. <u>SECRETARY - TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>ITPC PENSION FUND</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>SUITE 255</u> Street <u>6851 JERICHO TPKE</u> City <u>SYOSSET</u> State <u>NEW YORK</u> ZIP Code +4 <u>11791</u>	7.a. Nature of Interest, Transaction, or Income. <u>I AM A TRUSTEE OF THE FUND.</u> <u>THE AMOUNT STATED BELOW WAS FOR</u> <u>REIMBURSEMENT OF TRAVEL EXPENSES</u> <u>INCURRED IN CONNECTION WITH ATTENDANCE</u> <u>AND PARTICIPATION AT TRUSTEE MEETINGS</u> 7.b. Amount. <u>INTERNATIONAL FOUNDATION MEETING</u> <u>14,987.92</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John Brenton III

On

7/14/05

Date

559-237-3029

Telephone Number

Name of Person Filing **JOHN BRENTON III**

File Number U-

3741

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ITPE ANNUAL BENEFIT FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **SUITE 255**Street **6851 JERICHO TPKE.**City **SYOSSET**State **NEW YORK** ZIP Code + 4 **11791**

9. Business deals with:

☒ a. Labor Organization

b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **ALL CONTRIBUTING EMPLOYERS**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

THE FUND IS A TAFT-HARTLEY TRUST CREATED PURSUANT TO AGREEMENT BETWEEN THE UNION AND VARIOUS EMPLOYERS AND TO WHICH EMPLOYERS MAKE CONTRIBUTIONS ON BEHALF OF UNION REPRESENTED EMPLOYEES IN ACCORDANCE WITH COLLECTIVE BARGAINING AGREEMENTS

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

I AM A TRUSTEE OF THE FUND. THE AMOUNT STATED BELOW WAS FOR REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDANCE AND PARTICIPATION AT TRUSTEE MEETINGS

12.b. Amount.

8582.43

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.